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Secretary of State

03-11-1999 90165 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000065840

1. Corporation Name

TRAVEL WORKS OF S.W. FLORIDA, INC.

Principal Place of Business

8024 ALICO ROAD #A-2
FORT MYERS FL 33912

Mailing Address

8024 ALICO ROAD #A-2
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

65-0852630

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax... ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 300
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
D
CLAY, MARY ANN L
8024 ALICO ROAD #A-2
FORT MYERS FL 33912
TITLE ☐ DELETE
D
CLAY, BEVERLY J
8024 ALICO ROAD #A-2
FORT MYERS FL 33912
TITLE ☐ DELETE
D
KALFAS, JOSEPH R
8024 ALICO ROAD #A-2
FORT MYERS FL 33912
TITLE ☐ DELETE
D
CLAY, MARY ANN L
8024 ALICO ROAD #A-2
FORT MYERS FL 33912
TITLE ☐ DELETE
D
CLAY, BEVERLY J
8024 ALICO ROAD #A-2
FORT MYERS FL 33912
TITLE ☐ DELETE
D
KALFAS, JOSEPH R
8024 ALICO ROAD #A-2
FORT MYERS FL 33912
TITLE ☐ DELETE
D
CLAY, MARY ANN L
8024 ALICO ROAD #A-2
FORT MYERS FL 33912
SIGNATURE: *Mary Ann L Clay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Ann L Clay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

941-570-9111

Daytime Phone #

CR2E034 (1/198)